

CLAIMS ONLY						Application Number <b>10517466</b>	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1							
2							
3							
4							
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13							
14	1		1				
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45							
46							
47							
48							
49							
50							
Total Indep	2		2				
Total Depend	16	16					
Total Claims	18	18					